

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H.S	866	07-05-01
RESPONSE FORMALITY REVIEW	Zm	927	10-15-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	2/22/01
8	7/19/01
9	5/15/01
10	1/18/04
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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866  
 7/5  
 961  
 10-15-1